

STATE OF NEW HAMPSHIRE

Department of Safety – Division of Motor Vehicles APPLICATION FOR REPLACEMENT PLATES AND/OR DECALS RSA 261:141, VII (e) and (f)

N.H. Plate Number			Type		
Please check repl					
Plate(s): \$4.00 ea Decals: \$1.00			DO NOT MAIL CASH		
Reason:	Lost	Ψ1.00 ————	Stolen	Damaged	
Note: A set of plates with the same number can only be ordered if one or both plates are surrendered with this application.					
OWNER'S NAME:			DOB:	month day year	
STREET:				monar day year	
CITY:		S	TATE	ZIP:	
DESCRIPTION OF VEHICLE					
Yr N	Make		Model		
Vehicle Identificat	ion Numbe	r:			
I certify that the above replacements are needed for the reason indicated and					
that the loss was reported to the ,					
N.H. Police Department.					
Owner's Signature					
DSMV 23 (Rev. 06/	O5)	FALSE STATEM	MENTS ARE PUNISH	ABLE UNDER RSA 261:73.	